N 000 Initial Comments During a State Licensure Survey, and Complaint Investigations numbers Th31980, Th31757, Th31756, Th31750, Th31695, and Th31615, completed July 22 to July 24, 2013, no deficiencies were cited in relation to the survey or complaints under 1200-8-6 Standards for Nursing Homes.	Division	of Health Care Fac	<u>ilities</u>			FORM	MAPPROVEL
MATE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, JIP CODE 2859 NORTH MIT JULIET ROAD MOUNT JULIET, TN 37122 (PART) PREPRY PR	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MT JULET HEALTH CARE CENTER MOUNT JULIET, THE MOUNT JULIET, TWO AD MOUNT JULIET, THE MOUNT ACTION SHOULD BE CAMPLE THE MOUNT JULIET, THE M			TN9506			07/	07/24/2013
MOUNT JULIET, TM 37122 PREPRIX SUMMARY STATEMENT OF DESTICIBACIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL TAG REQUILATORY OR ISC IDENTIFYING INFORMATION) Initial Comments During a State Licensure Survey, and Complaint Investigations numbers TN31980, TN31757, TN31756, TN31730, TN31895, and TN31615, completed July 22 to July 24, 2013, no deficiencies were cited in religitor to the survey or complaints under 1200-8-6 Standards for Nursing Homes.	NAME OF	PROVIDER OR SUPPLIER	STREETAG				M-11 20-7
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BORATORY DIRECTOR'S OR PROVIDENSUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (XBYDATE)	vision of Hea BORATORY D	ith Care Facilities	SUPPLIER DEPRESENTATOR'S SIGNI	ATLIPE	TITLE A.A.		confirm /